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CONFIRMATION NO. 9420

Bib Data Sheet

SERIAL NUMBER 10/646,254	FILING OR 371(c) DATE 08/22/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. CSI-2026
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ******** 11/13/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	8	20	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Eversion apparatus and methods

FILING FEE RECEIVED 616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue.) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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